Impaired Practitioner Self-Evaluation Report Form Bureau of Professional Licensure

** CONFIDENTIAL **

Name	Date of Report
Home Address	Home Phone ()
	Work Phone() Fax ()
Iowa License Number	Email
Have you undergone an evaluation for	this condition? If so, where and when?
Have you received any treatment for th	nis condition?

		Phone ()
Address		
Where did	this treatment take place?	
Facility		Phone ()
Address		
_	lid this treatment last or how long do you anticipat dates if possible otherwise general starting and en	ding dates)?
in the Impa	s specify that the following circumstances may mal aired Practitioner Recovery Program: (Please ans information below.)	
in the Impa additional i	nired Practitioner Recovery Program: (Please answ	
in the Impa additional i	nired Practitioner Recovery Program: (Please answ	wer each question and provide
in the Impa additional i Yes No —— ——	nired Practitioner Recovery Program: (Please answinformation below.) Have you participated in unlawful diversion or	wer each question and provide distribution of controlled substances
in the Impa additional i Yes No —— ——	nired Practitioner Recovery Program: (Please answinformation below.) Have you participated in unlawful diversion or for personal gain or profit?	wer each question and provide distribution of controlled substances result of this condition?
in the Impa additional i Yes No —— ——	nired Practitioner Recovery Program: (Please answinformation below.) Have you participated in unlawful diversion or for personal gain or profit? Have you caused harm or injury to a client as a	distribution of controlled substances result of this condition? rofessional Licensure Board? already be under board order for an and rules governing the practice of the
in the Impa additional i Yes No —— ——	Have you participated in unlawful diversion or for personal gain or profit? Have you caused harm or injury to a client as a Is an investigation currently in progress by a Profit At the time of self-report, the licensee must not impairment of any other violation of the laws at	distribution of controlled substances result of this condition? rofessional Licensure Board? already be under board order for an and rules governing the practice of the rder? riminal sanctions for actions which
in the Impa additional i Yes No ————————————————————————————————————	hired Practitioner Recovery Program: (Please answinformation below.) Have you participated in unlawful diversion or for personal gain or profit? Have you caused harm or injury to a client as a Is an investigation currently in progress by a Profession. Are you currently under a board of the laws as profession. Are you currently under a board of the you had any past civil administrative or care violations of laws, administrative rules or p	distribution of controlled substances result of this condition? rofessional Licensure Board? already be under board order for an and rules governing the practice of the rder? riminal sanctions for actions which

Who was your treating physician/therapist?

If you fail to provide truthful information or fully cooperate with the committee you may be ineligible to participate in the Impaired Practitioner Recovery Program. In the event that you refuse to agree to or comply with the restrictions established in your contract, the committee may refer you to your board for appropriate action.

All licensee information in possession of the Impaired Practitioner Review Committee (IPRC) is confidential. The impaired practitioner review committee may communicate information about a licensee in the program to the licensee's board in the event the participant does not comply with the terms of the contract.

Do you give the IPRC	permission to inquire a	about the material f	facts you have	provided in this
self-report?				

Yes No		
Licensee Signature	Date	_

Please return this form to:

Marvin Firch, Administrator Impaired Practitioner Review Committee Bureau of Professional Licensure Lucas State Office Bldg. – 5th Floor 321 E. 12th Street Des Moines, Iowa 50319-0075